

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	Lsw	32	2/26
FORMALITY REVIEW	132	RE3	05-13-02
RESPONSE FORMALITY REVIEW	M.D.	675	07-29-02

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 -+ ..... Restricted O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	9/20/02
2	✓ 6/12/03
3	✓ 9/15/03
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
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11	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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